PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

\3	\$				•	1)-273-2885				
NSTRUCTIONS This appropriate. All further indicated unless correct maintenance fee notifica	form should be used for correspondence including or directed oth	or trans g the F erwise	smitting the ISSU Patent, advance ordin Block I, by (a)	E FEE and PUBLIC lers and notification specifying a new c	of m	ON FEE (if requi aintenance fees woondence address;	red). B ill be n and/or	locks 1 through 5 sh nailed to the current of (b) indicating a separ	ould be completed where correspondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
26111	7590 08/10/		_			Cer	ificate	of Mailing or Transn	nission	
STERNE, KESSLER, GOLDSTEIN & FOX PLLC 1 100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
									(Depositor's name)	
•						(Signature)				
									(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVEN			OR ATTORNEY DOCKET NO. CONFIRMATION NO.				
10/812,977			Christopher J. Mas			on 1857.2400000. 5972				
	ON: SYSTEM AND I	метн	OD FOR VERIF	YING AND CON	TROI	LLING THE PE	RFORN	MANCE OF A MA	SKLESS	
APPLN. TYPE	SMALL ENTITY IS		SUE FEE DUE	PUBLICATION FEE	OUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1400	\$300		\$0		\$1700	11/13/2006	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
UNDERWOOD, JARREAS C 2877			2877	356-401000		•				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
PLEASE NOTE: Ur recordation as set for (A) NAME OF ASSI ASML Hol	IGNEE ding N.V.	tified b pletion	clow, no assignce of this form is NO	data will appear on T a substitute for filit (B) RESIDENCE: (The Nethe	the ping an CITY	atent. If an assign assignment. 'and STATEORG ands 01 FC:15	BOUNN 18	RY) 00000005 10	1400.00 OP 300.00 OP	
Please check the approp	rinted on the patent):		Individûal PER®	orporat	ion or other private gro	oup entity Government				
4a. The following fee(s)	 b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form). 									
a. Applicant clair	atus (from status indicate ms SMALL ENTITY stat	tus. Sec	37 CFR 1.27.	☐ b. Applicant is a	no lon	ger claiming SMA	LL EN	TITY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee a interest as shown by the	and Publication Fee (if rec e records of the United St	quired) ates Pa	will not be accepte tent and Trademarl	d from anyone other Office.	than	the applicant; a reg	istered	attorney or agent; or t	he assignee or other party in	
Authorized Signatur	c <u> </u>)- - 5 t				Date No	venb	er 13, 2006		
Typed or printed nar			Registration							
This collection of infor an application. Confide submitting the complet this form and/or suggest	mation is required by 37 initiality is governed by 3 ed application form to the stions for reducing this by Virginia 22313, 1450.	CFR 1. 5 U.S.C 1e USP urden, s	311. The informati C. 122 and 37 CFR TO. Time will var should be sent to the SEND FFES OR	on is required to obta 1.14. This collection y depending upon the ce Chief Information COMPLETED FOR	in or is es indi Offic MS T	retain a benefit by timated to take 12 vidual case. Any c er, U.S. Patent and O THIS ADDRES	the pub minute ommen I Trader S. SEN	olic which is to file (and is to complete, including the on the amount of the mark Office, U.S. Deption TO: Commissioner	d by the USPTO to process ng gathering, preparing, and me you require to complete nartment of Commerce, P.O. for Patents, P.O. Box 1450	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.